

JUL 06 2009

North Carolina State University
INFORMED CONSENT FORM for RESEARCH

JUL 13 2010

Tufts SBER IRB

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Title of Study: 4-H Positive Youth Development

Principal Investigator: Benjamin Silliman, Ph.D., Department of 4-H Youth Development & Family and Consumer Sciences

In collaboration with: Richard M. Lerner, Ph.D. Principal Investigator for the 4-H National study of Positive Youth Development, & Jacqueline V. Lerner, Ph.D., Scientific Director, Eliot-Pearson Department of Child Development, Tufts University

PURPOSE OF STUDY

You are invited to participate in a study of the positive development of children in America. Our goal is to learn more about the kind of experiences that help children develop into healthy, productive adults.

DATA TO BE COLLECTED

If he/she agrees to participate in this study, you/your child will be asked to complete a survey that takes approximately 90 minutes. Administration of the survey will be done one time per year, for the duration of the study, and will be done at your child's school, after school program, or youth organization. Questions on the survey will ask children to tell us about their relationship with their family and friends, and activities in which they are involved at school and after school. Children will also be asked about their physical development, feelings about themselves, and future goals and expectations. Some of the questions deal with personal topics such as health and sexual behaviors, smoking and drug use.

RISKS

Some of the survey questions may make you or your child uncomfortable. Although we would like you and your child to answer all the questions, you and your child are free to skip any question that either of you do not wish to answer. Another risk is from accidental breach of confidentiality. In order to prevent this, we are taking steps to protect your confidentiality by using a code number to link your identity and your responses, so that your names is not directly associated with your responses.

BENEFITS

Responses provided by you and your child will help us learn more about the experiences that promote children's positive development. This kind of information is needed to create effective programs for children and national and local policies that are beneficial to children and families. Additional and immediate benefits include 1) You may find it interesting or helpful to express your experiences and opinions; 2) After completing the survey, your child will be entered into a raffle to win a prize; 3) Findings from this study, which will not include individual details about you, will be made available to you and your school or program.

Upon request, a summary of the North Carolina data will be provided to you.

CONFIDENTIALITY

Your and your child's identity and information will be kept confidential, except as required by law. No names will be placed on surveys and completed surveys will be kept at Tufts University, separate from records of participation. Only members of the research team will have access to the surveys, and all information will be used for research purposes only. We only will use your address and telephone number, if you wish to provide it, to send thank-you cards and additional correspondence.

COMPENSATION

After completing the survey, your child will be entered into a raffle to win a prize. Students who withdraw from the study prior to its completion will not be eligible for the drawing.

EMERGENCY MEDICAL TREATMENT

Youth will be completing the survey at a desk or work station, so emergency medical treatment is not likely to be needed. Data collectors will contact professional assistance (911) if an emergency should occur.

CONTACT

If you have questions at any time about the study or the procedures, you may contact Dr. Ben Silliman at 512 Brickhaven Road, NCSU or (919) 515-8485. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, Box 7514, NCSU Campus (919/515-5414) or Joe Rabiega, IRB Coordinator, Box 7514, NCSU Campus (919/515-7515).

PARTICIPATION. Your participation in this study is voluntary; you may decline to participate without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed, your data will be destroyed. You may be contacted annually and asked to continue your participation.

CONSENT PROCEDURE

If you agree to participate, please do the following:

- 1) Read this Consent Form (**Pages 1 & 2**) and indicate whether or not you agree to your participation and your child's participation on the Signature Form (**Page 3**).
- 2) Detach the Signature Form (**Page 3**) and have your child return it to his or her school, after school program, or youth organization. Keep the Consent Form (**Pages 1 & 2**) for your records.
- 3) Complete the online Parent Survey (it only takes about 20 minutes) using the Parent Online login information provided. You can also call us to request a paper copy (please see following page for contact information).

4-H Study of Positive Youth Development

PARENT CONSENT STATEMENT

I understand that participation in this study is voluntary. I understand that my child and I may refuse to participate in this study. I also understand that if, for any reason, I/my child wishes to discontinue participation in this study at any time, I/my child will be free to do so, without any negative consequences. I have been fully informed of the above-described study with its risks and benefits, and I hereby consent that I and my child participate(s) in this research. I have received a signed copy of this consent form. I consent to participate in the described research. I, also, give permission for my child's current and subsequent participation in the study and for the information already collected about my child in the past to be used by the research team.

CHILD INFORMATION (Please read this to your child under 18 years)

Your parent has said that it is O.K. for you to participate in our study as long as it is O.K. with you. We are interested in finding out about the kind of things that are important to children. There will be questions about you, the kinds of things you do, your school, your health, your family, and your friends. Different kids have different experiences and opinions and we would like to hear about yours.

Please answer all of the questions honestly. If for any reason you do not wish to answer a question, you may skip it and go on to the next one. If you decide that you don't want to participate, you may tell us that you want to stop without any negative consequences from the researchers or from your school, after school program, or youth organization.

Your name will not be on any of the answer sheets, so no one will know how you answered the questions.

You will be given the survey in your school, after school program, or youth organization. It will take you about an hour and a half to complete the survey. You can take a break when you need one. You may also take some more time if you feel that you need it.

Researcher's Statement:

I have fully disclosed to Parent/Legal Guardian/Participant the nature and purpose of the research.



Signature of Principal Investigator, National Study

September 30, 2007

DATE

APPROVED

JUL 06 2009

Tufts SBER IRB



Signature of Principal Investigator, North Carolina Study

January 14, 2008

DATE

EXPIRES

JUL 13 2010

Tufts SBER IRB

SIGNATURE FORM

4-H Study of Positive Youth Development

☐ **Parent(s):** Please **ONLY** check this box if you **DO NOT CONSENT** to your child's participation in this study.

PARENT'S CONSENT:

I have read and understood the above information. I consent to participate in the described research and I give my consent for my child to participate.

Parent/Guardian's Signature

Date

Please PRINT Your Name

Your Child's Signature

Date

Please PRINT Child's Name

**PLEASE HAVE YOUR CHILD RETURN THIS PAGE TO HIS/HER
TEACHER OR PROGRAM LEADER!
(OR IF 18 OR OLDER, RETURN THIS FORM YOURSELF)**

(KEEP FIRST PAGE FOR YOUR RECORDS)

APPROVED

JUL 06 2009

Tufts SBER IRB

EXPIRES

JUL 13 2010

Tufts SBER IRB

4-H Study of Positive Youth Development
Lincoln Filene Building,
Tufts University, Medford, MA 02155

APPROVED

JUL 06 2009

Tufts SBER IRB

North Carolina State University
INFORMED CONSENT FORM for RESEARCH
(YOUTH, 18 Years and Over)

EXPIRES

JUL 13 2010

Tufts SBER IRB

Title of Study: 4-H Positive Youth Development

Principal Investigator: Benjamin Silliman, Ph.D., Department of 4-H Youth Development & Family and Consumer Sciences

In collaboration with: Richard M. Lerner, Ph.D. Principal Investigator for the 4-H National study of Positive Youth Development,
& Jacqueline V. Lerner, Ph.D., Scientific Director, Eliot-Pearson Department of Child Development, Tufts University

PURPOSE OF STUDY

You are invited to participate in a study of the positive development of children in America. Our goal is to learn more about the kind of experiences that help children develop into healthy, productive adults. Your participation is requested because your adult child (over 18 years) is also participating in the study.

DATA TO BE COLLECTED

You will be asked to complete a survey that takes approximately 90 minutes. Administration of the survey will be done one time per year, for the duration of the study. An online survey will be sent to you if your child lists your e-mail address when he/she completes the survey. Questions on the survey will ask you to tell us about your child's relationships with your family and friends, and activities in which he/she is involved at school and after school. You will also be asked about their physical development, feelings themselves, and future goals and expectations. Some of the questions deal with personal topics such as health and sexual behaviors, smoking and drug use.

RISKS

Some of the survey questions may make you uncomfortable. Although we would like you to answer all the questions, you are free to skip any question that you do not wish to answer. Another risk is from accidental breach of confidentiality. In order to prevent this, we are taking steps to protect your confidentiality by using a code number to link your identity and your responses, so that your name is not directly associated with your responses.

BENEFITS

Responses provided by you will help us learn more about the experiences that promote children's positive development. This kind of information is needed to create effective programs for children and national and local policies that are beneficial to children and families. Additional and immediate benefits include 1) You may find it interesting or helpful to express your experiences and opinions; 2) After completing the survey, your child will be entered into a raffle to win a prize; 3) Findings from this study, which will **not include** individual details about you or your child, will be made available to you and your school or program. Upon request, a summary of the North Carolina data will be provided to you.

CONFIDENTIALITY

Your identity and information will be kept confidential, except as required by law. No names will be placed on surveys and completed surveys will be kept at Tufts University separate from records of participation. Only members of the research team will have access to the surveys, and all information will be used for research purposes only. We only will use your address and telephone number, if you wish to provide it, to send thank-you cards and additional correspondence.

COMPENSATION

After completing the survey, your child will be entered into a raffle to win a prize. Students who withdraw from the study prior to its completion will not be eligible for the drawing.

EMERGENCY MEDICAL TREATMENT

You will be completing the survey at a desk or work station, so emergency medical treatment is not likely to be needed. Data collectors will contact professional assistance (911) if an emergency should occur.

CONTACT

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PARTICIPATION. Your participation in this study is voluntary; you may decline to participate without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed, your data will be destroyed. You may be contacted annually and asked to continue your participation.

CONSENT PROCEDURE

If you agree to participate, please do the following:

- 1) Read this Consent Form (**Pages 1 & 2**) and indicate whether or not you agree to your participation and your child's participation on the Signature Form (**Page 2**).
- 2) Detach the Signature Form (**Page 2**) and return it to his or her school, after school program, or youth organization. Keep the Consent Form (**Page 1**) for your records.

4-H Study of Positive Youth Development

CONSENT STATEMENT (for parents of youth 18 years and older)

I understand that participation in this study is voluntary. I understand that I may refuse to participate in this study. I also understand that if, for any reason, I wish to discontinue participation in this study at any time, I will be free to do so, without any negative consequences. I have been fully informed of the above-described study with its risks and benefits, and I hereby consent that I participate(s) in this research. I have received a signed copy of this consent form. I consent to participate in the described research.

Researcher's Statement:

I have fully disclosed to Parent/Legal Guardian/Participant the nature and purpose of the research.



Signature of Principal Investigator, National Study

September 30, 2007

DATE

APPROVED

JUL 06 2009

Tufts SBER IRB



Signature of Principal Investigator, North Carolina Study

January 14, 2008

DATE

EXPIRES

JUL 13 2010

Tufts SBER IRB

SIGNATURE FORM

4-H Study of Positive Youth Development

YOUTH PARTICIPANT'S CONSENT:

I have read and understood the above information. I consent to participate in the described research and I give my consent to participate.

Parent Signature (if youth is 18 or over)

Date

Please PRINT Your Name

PLEASE RETURN THIS FORM TO YOUR CHILD'S STUDY SITE LEADER

(KEEP FIRST PAGE FOR YOUR RECORDS)